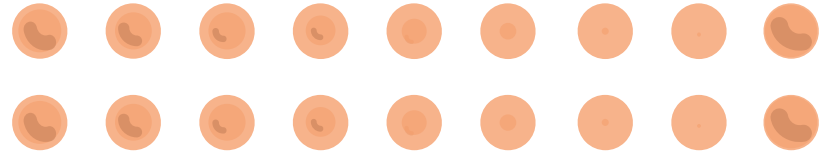
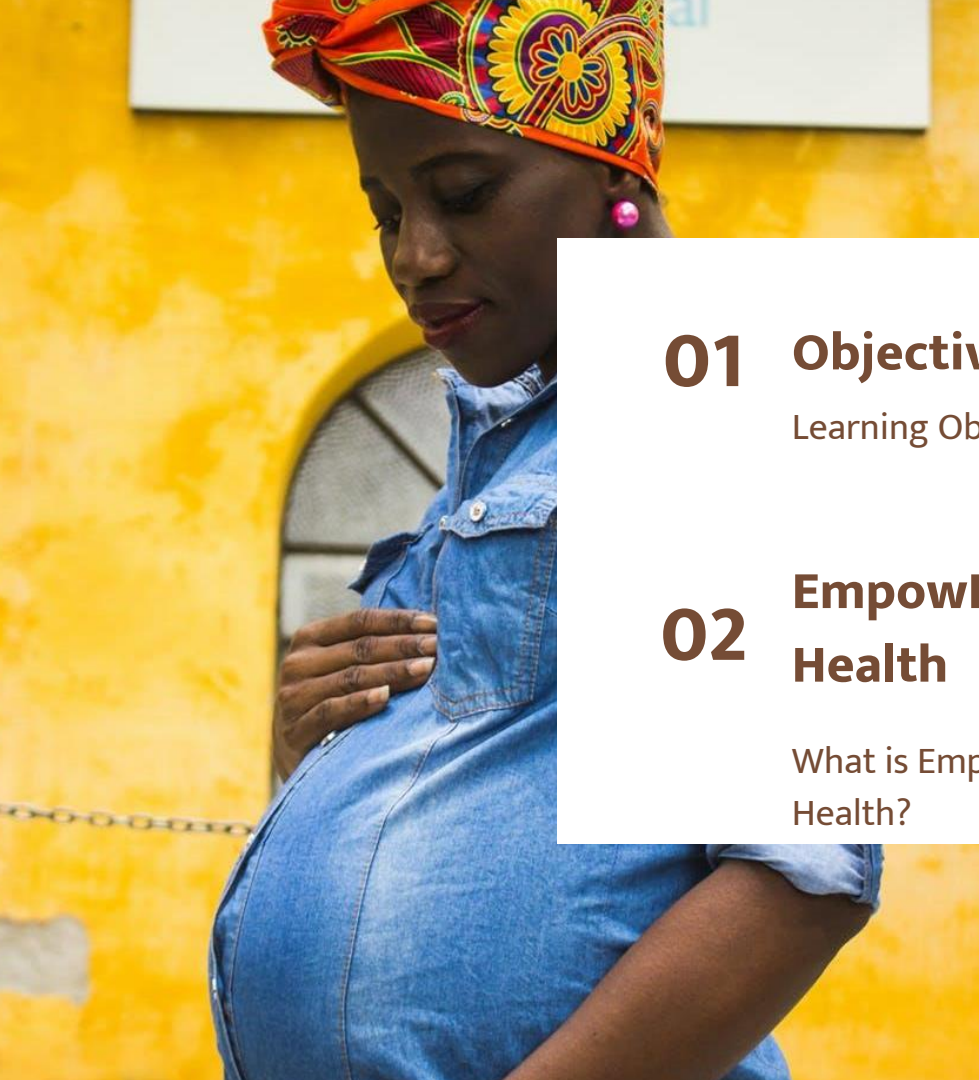




EmpowHERed Health
Presented at the
2021 Virtual Forum for Migrant and
Community Health
March 22-26, 2021

Presenters: Umi Grigsby, Esq. and
Wendy Thompson, MBA



01 Objectives

Learning Objectives

02 EmpowHERed Health

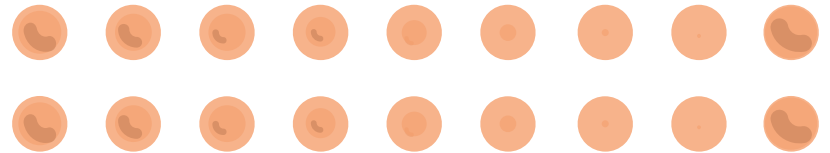
What is EmpowHERed Health?

03 Federally Qualified Health Centers (FQHCs)

FQHCs and EmpowHERed Health

04 Conclusion

The time is now for change





01

Objectives



Objectives:

- I. Describe the landscape of health disparities based on characteristics such as race and gender
- II. Assess the impact of a lack of cultural competency on women of colors access to health care
- III. Establish the need for cultural competency in federally qualified health centers

— My Story -

- I. Describe the landscape of health disparities based on characteristics such as race and gender
 - By age 50, nearly two-thirds of women experience uterine fibroids.
 - Fibroids, noncancerous tumors that grow in the uterus and range from pea to football sized and even larger.
 - Black women are diagnosed with fibroids roughly three times as frequently as white women, develop them earlier in life and tend to experience larger and more numerous fibroids that cause more severe symptoms.

<https://labblog.uofmhealth.org/rounds/understanding-racial-disparities-for-women-uterine-fibroids>



Photo Credit – Deontae Moore

Kira's Story -

1. Describe the landscape of health disparities based on characteristics such as race and gender
 - 39-year-old Kira Johnson could speak 5 languages and had her pilot's license.
 - She was married to Charles, mother to Charles Jr.
 - In April of 2016, 10 hours after what she thought was a routine C-section,
 - Kira's doctor found 3 liters of blood in her abdomen.
 - Doctors had lacerated her bladder during the C-section and she had been bleeding internally for hours.
 - Kira died on the operating table.
 - Kira's story is not unique.



Definitions:

Maternal Mortality



The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes." - World Health Organization (WHO).



Federally Qualified Health Center (FQHC)

Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas.

They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. - Section 1905(l)(2)(B) of the Social Security Act.



Maternal Mortality in the United States



In the United States, the rate of maternal mortality is three to four times higher than other developed nations with approximately 700 women dying as a result of pregnancy or pregnancy-related complications each year.



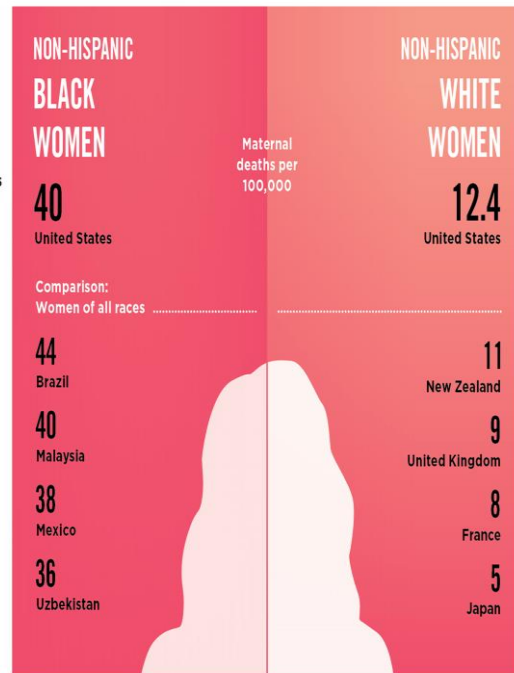
And, while maternal mortality is declining elsewhere in the world, the rate of maternal mortality in the United States has been increasing.



MORTALITY GAP FOR U.S. MOMS

In the U.S., black women who are expecting or who are new mothers die at rates similar to those of the same women in lower-income countries, while the maternal mortality rate for white U.S. mothers more closely resembles rates in more affluent nations.

Sources: U.S. ratios (2011-2013): CDC Pregnancy Mortality Surveillance System; Global ratios (2015): UNICEF



Black Women and the Maternal Mortality Rate



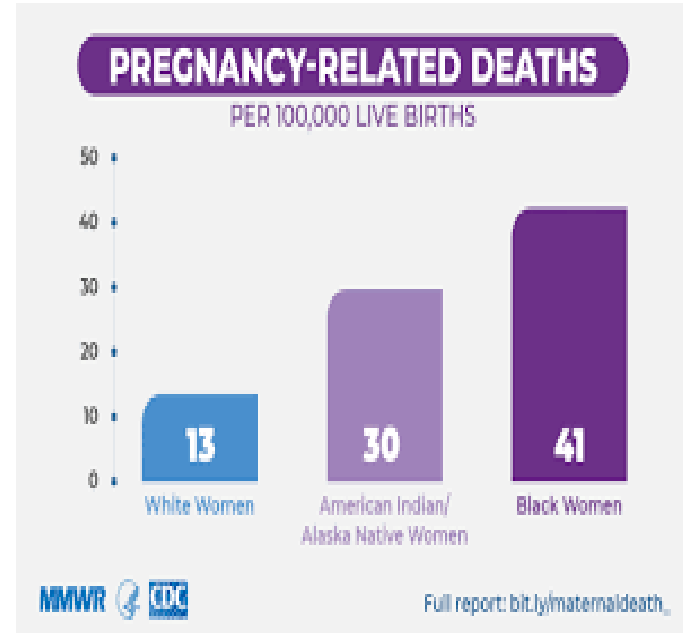
Black women are up to four times more likely to die in childbirth than their White counterparts.



In Illinois, they are six times more likely to die than their White counterparts.



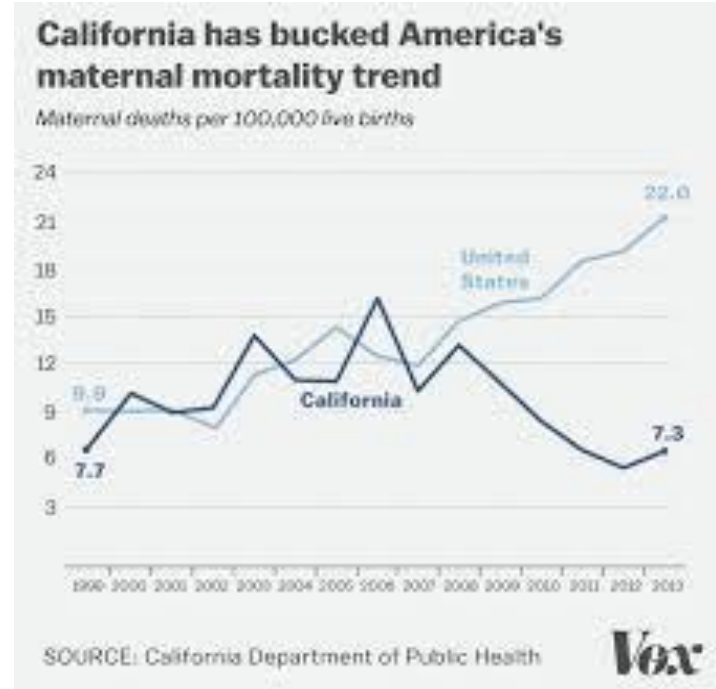
According to the Illinois Department of Public Health (IDPH), 72 percent of those deaths were preventable.



Black Women and the Maternal Mortality Rate

California and the Maternal Mortality Rate

- California has the lowest maternal mortality rate in the country.
- And yet Black women in California still die in pregnancy-related deaths at a rate three to four times higher than white women.
- The disparity can't be explained by education, income or prenatal care.



II. Assessing the impact of a lack of cultural competency on women of colors access to health care.



Black Americans experience some of the worst health outcomes,

Black American women have the highest maternal mortality rates,

Black American infants experience the highest infant mortality rates when compared to any other race.



Black patients are spending less time with providers, possibly as a result of their lack of cultural competency, which could be having a direct effect on their health outcomes.



Black Americans are more likely to experience Major Depressive Disorder, defined as chronic or recurrent depression that can lead to substantial impairment in an individual's ability to function.



At the same time, Black Americans are less likely to receive treatment when compared to other racial groups.

Available data suggests the annual costs of maternal mortality amounts to billions of dollars every year.

The cost of caring for mothers with pre-eclampsia exceeded \$1 billion annually, in 2017.



02

**EmpowHERed
Health**

**EMPOWHERED
HEALTH**

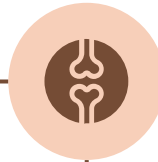
Reforming a Dismissive
Health Care System



S. MAYUMI "UMI" GRIGSBY

III. Methods - Establish the need for cultural competency in health care, using federally qualified health centers as a model.

Community-based health care providers



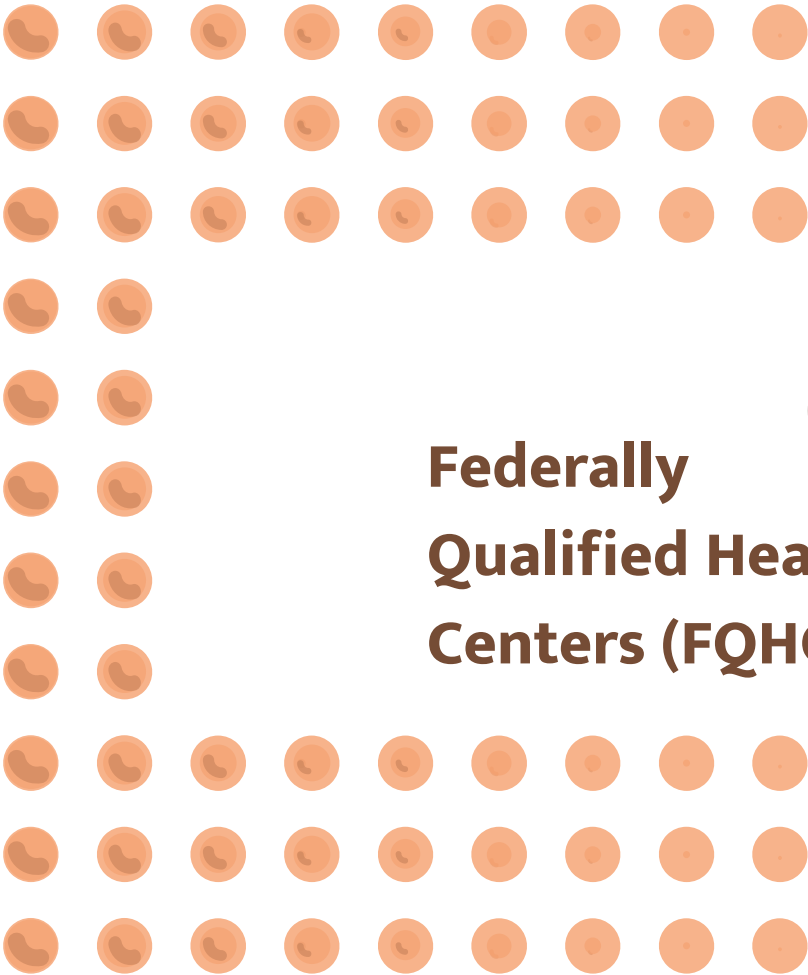
Funding tied to a set of criteria

Governing Board made up of patients (presumably based in the community)



EmpowHERed Health

Individuals or communities most impacted by disparate health outcomes empowered to hold health care facilities accountable for addressing health disparities in the communities they serve.



03

Federally Qualified Health Centers (FQHCs)



Empowerment and FQHCs



With funding tied to service to the community, and, with community members as part of governance - communities are then empowered to demand quality and competent health care.



FQHCs serve more than 30 million people in more than 13,000 rural and urban communities across America.





FQHCs should lead in delivering Culturally Competent Health Care

FQHCs, because they are community-based and provide primary care services in underserved areas could and should lead the way in providing culturally competent and human-centered care.

- Diversity in Hiring
- Cultural Competency Training
- Care Coordinators
- Community Health Workers
- Outreach Workers
- Patient Educators

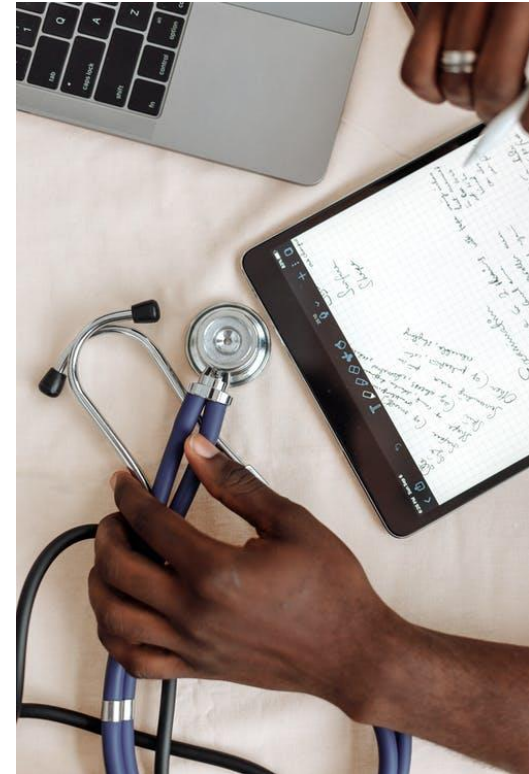


04

Conclusion

The truth is we have an opportunity to move away from the status quo in this moment in 2021.

We should because the status quo is not great for a lot of us, especially women and especially Women of Color.





Guiding Questions

1. How does the FQHC model solve for those with private insurance?
2. Why the focus on Black women?
3. How can this be a model for other community groups specifically the migrant and/or farmworker community?

Thanks

S. Mayumi “Umi” Grigsby, Esq.
empowHERedhealth@gmail.com

Wendy Thompson, MBA
wthompson@bsd.uchicago.edu



@empowHERedhealth

CREDITS: This presentation template was created
by **Slidesgo**, including icons by **Flaticon**, and
infographics & images by **Freepik**

and **Pexel**